i⁄sm 3160-5 '(August 2007)

. Use form 3160-3 (APD	drill or to re-enter an) for such proposals.		6. If Indian, Allottee or	r Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. 891000303X		
Type of Well Gas Well □ Other						
Name of Operator Contact: TRACIE J CHERRY BOPCO LP E-Mail: tjcherry@basspet.com				9. API Well No. 30-015-40710-00-S1		
	3b. Phone No. (include area code) Ph: 432-221-7379		10. Field and Pool, or Exploratory CORRAL CANYON			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						
Sec 19 T25\$ R30E NESE 1750FSL 880FEL						
OPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, RE	PORT, OR OTHER	R DATA		
TYPE OF ACTION						
☐ Acidize ☐ Alter Casing	☐ Deepen ☐ Fracture Treat	_	` ,	☐ Water Shut-Off ☐ Well Integrity		
Casing Repair	☐ New Construction	☐ Recomplete		⋈ Other		
	☐ Plug and Abandon	☐ Tempora	rily Abandon	Venting and/or Flari ng		
☐ Convert to Injection	☐ Plug Back	☐ Water D	isposal			
lly or recomplete horizontally, good will be performed or provide to operations. If the operation resundonment Notices shall be filed and inspection.)	ive subsurface locations and measing Bond No. on file with BLM/BI/ Ilts in a multiple completion or recitional after all requirements, included	ured and true ver A. Required sub ompletion in a nading reclamation	rtical depths of all pertine sequent reports shall be f ew interval, a Form 3160	ent markers and zones. filed within 30 days 0-4 shall be filed once		
	Contact: E-Mail: tjcherry@bail R., M., or Survey Description) OFSL 880FEL OPRIATE BOX(ES) TO Acidize Alter Casing Casing Repair Change Plans Convert to Injection ration (clearly state all pertinent lly or recomplete horizontally, go will be performed or provide to operations. If the operation rest andonment Notices shall be filed all inspection.) its this sundry for Notice of	Contact: TRACIE J CHERRY E-Mail: tjcherry@basspet.com 3b. Phone No. (include area code Ph: 432-221-7379 R. M. or Survey Description) OFSL 880FEL OPRIATE BOX(ES) TO INDICATE NATURE OF TYPE O Acidize Deepen Alter Casing Fracture Treat Casing Repair New Construction Change Plans Plug and Abandon Convert to Injection Plug Back ration (clearly state all pertinent details, including estimated starting ly or recomplete horizontally, give subsurface locations and meass (will be performed or provide the Bond No. on file with BLM/BI/operations. If the operation results in a multiple completion or recomplement Notices shall be filed only after all requirements, including all inspection.) its this sundry for Notice of Intent to intermittently flares	Contact: TRACIE J CHERRY E-Mail: tjcherry@basspet.com 3b. Phone No. (include area code) Ph: 432-221-7379 R. M. or Survey Description) OFSL 880FEL OPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE TYPE OF ACTION Acidize Deepen Production Alter Casing Fracture Treat Reclama Casing Repair New Construction Recompled Change Plans Plug and Abandon Tempora Convert to Injection Plug Back Water Description (clearly state all pertinent details, including estimated starting date of any profusion (clearly state all pertinent details, including estimated starting date of any profusion (clearly state all pertinent details, including estimated starting date of any profusion (clearly state all pertinent details, including estimated starting date of any profusion (clearly state all pertinent details, including estimated starting date of any profusion for recomplete horizontally, give subsurface locations and measured and true vector will be performed or provide the Bond No. on file with BLM/BIA. Required subsupperations. If the operation results in a multiple completion or recompletion in a neandonment Notices shall be filed only after all requirements, including reclamation and inspection.)	September Sept		

Poker Lake Unit 422H / 30-015-41056 Poker Lake Unit 423H / 30-015-40710-00-S1

SEE ATTACHED FOR CONDITIONS OF APPROVAL

Flaring will be intermittent and is necessary due to restricted pipeline capacity. MCFD could go to flare depending on pipeline conditions.

NM OIL CONSERVATION

ARTESIA DISTRICT

Gas will be measured prior to flaring and reported on monthly production reports.

FEB 1 3 2015

14. I hereby certify		n #234308 verified by the or BOPCO LP, sent to th ocessing by MEIGHAN S	e Carlsbad		1	RECEIVED)
Name (Printed/Ty	pped) TRACIE J CHERRY	Title	REGULATORY	Y ANAL	YST		
Signature	(Electronic Submission) THIS SPACE	Date FOR FEDERAL OR	02/03/2014 STATE OFFIC	e\us	EPIED FO	R KECORD	
Approved By		Title			A	Dale	
certify that the applica- which would entitle the	l, if any, are attached. Approval of this notice on the holds legal or equitable title to those rights in a applicant to conduct operations thereon.	the subject lease Office			mut	Shelley	
Title 18 U.S.C. Section States any false, ficti	n 1001 and Title 43 U.S.C. Section 1212, make	it a crime for any person kno	wingly and willfully	to make	CARL SPAD FIEL	or agency of the Unit	ed

Poker Lake Unit 423H 30-015-40710 BOPCO LP February 10, 2015 Conditions of Approval

- 1. Report all volumes on OGOR reports.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD
- 4. Flared volumes will still require payment of royalties
- 5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
- 6. This approval does not authorize any additional surface disturbance.
- 7. Submit updated facility diagram as per Onshore Order #3.
- 8. Approval not to exceed 90 days for date of approval.
- 9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
- 10. If flaring is still required past 90 days submit new request for approval.
- 11. If a portable unit is used to flare gas it must be monitored at all times.
- 12. Comply with any restrictions or regulations when on State or Fee surface.

021015 JAM